PART B - FEE(S) TRANSMITTAL

JAN 0.9 200	; <u>(</u> 3)	•	or <u>Fax</u> E FEE and PUB	P.O. Box 1450 Alexandria, Vir (571) 273-2885	or Patents ginia 22313-1450	hould be completed where
appropriate All further co indicated unless propression	respondence including the lessons or directed otherwise	Patent, advance or in Block I, by (a	ders and notificat) specifying a nev	ion of maintenance fees w correspondence address	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep-	correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Block 1 for 7590 11/16/2005			Note: A certificate o Fee(s) Transmittal. T	f mailing can only be used f his certificate cannot be used al paper, such as an assignm te of mailing or transmission.	or domestic mailings of the
Salvatore J Abbr Hoffmann & Baron 6900 Jericho Turn Syosset, NY 1179	n pike			I hereby certify that of States Postal Service addressed to the Matransmitted to the US	ertificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for full Stop ISSUE FEE address PTO (571) 273-2885, on the	smission g deposited with the United sst class mail in an envelope s above, or being facsimile date indicated below.
				Kim Till		(Depositor's name)
0/2006 CNGUYEN1 0000C			Ken Jellner (Signature		(Signature)	
C:2501	700.00 OP 300.00 DP			Danua	M 6, 2006	(Date)
C: 1504 C: 800 Pplication no.	FILING BAPE UP		FIRST NAMED INV	/ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/505,249 TITLE OF INVENTION: C	08/20/2004 CLEANING SYSTEM		Beng Kiat Pete	r Soh	1453-2-PCT/US- 1536-2 PCT	7576 /US
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	•	\$300	\$1000	02/16/2006
EXA	MINER	ART UN	IT	CLASS-SUBCLASS	1	
MCKINNON, TERRELL L		3753		165-095000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME ANI	D RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (pr	int or type)		
PLEASE NOTE: Unless recordation as set forth i	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear of a substitute for f	on the patent. If an assig iling an assignment.	nee is identified below, the o	document has been filed for
(A) NAME OF ASSIGN	IEE	(B) RESIDENCE: (CITY and STATE OR CO	OUNTRY)	
Iydroball Ted	chnics Holdin	gs PTE I	td.	Singap	ore .	
Please check the appropriat	e assignee category or catego	ries (will not be pr	inted on the paten	t).: 🗖 Individual 🖾 (Corporation or other private gr	oup entity Government
4a. The following fee(s) are	enclosed:	46	. Payment of Fee(•		
Issue Fee			_	e amount of the fee(s) is e		
Advance Order - # o	small entity discount permitted from 10	ed)	, ,	redit card. Form PTO-203 is hereby authorized by		credit any overpayment, to
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The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	ords of the United States Pate	ent and Trademark	Office.			
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